

# ANNUAL DDE PPTN RECERTIFICATION FORM

As part of our security process, DDE/PPTN access must be certified on annual basis. You must verify all User IDs and sign the recertification statement at the bottom of this recertification form. Failure to do so, by September 30, 2019, will result in the termination of DDE/PPTN services. Please indicate whether the user is active or inactive by placing an "X" in the appropriate field:

User ID	User First Name	User Middle Initial	User Last Name	Active	Inactive

CMS Reference: IOM Publication 100-25, Appendix A, AC-2, page 3

DDE/PPTN Contact: \_\_\_\_\_

DDE/PPTN Contact Signature: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Disclaimer:** This form must be completed and submitted to CGS J15 by September 30, 2019. New DDE/PPTN or Delete requests must be completed on the J15 DDE PPTN Application/Reactivation form ([https://www.cgsmedicare.com/pdf/J15\\_EDI\\_OnlineInquiry2015re.pdf](https://www.cgsmedicare.com/pdf/J15_EDI_OnlineInquiry2015re.pdf)). New DDE/PPTN and/or Delete requests entered on this form will not be honored.

**FAX completed form (for faster service) to:**

- Ohio Part A: ..... 1.615.664.5945
- Ohio Part B: ..... 1.615.664.5927
- Home Health & Hospice: ..... 1.615.664.5947
- Kentucky Part A: ..... 1.615.664.5943
- Kentucky Part B: ..... 1.615.664.5917

